



RE: Nebraska Medicaid Provider Enrollment for Mental Health/Substance Abuse Services

Dear Nebraska Medicaid Provider:

To enroll as a Medicaid provider of outpatient services (individual, family and/or group therapy and non-hospital based psychological testing), please complete the following questions (1-5). To enroll a new supervising practitioner to an existing group only complete number 1. The responses to 1-5 will need to be completed as well as the MC19. If you are requesting enrollment consideration of services other than outpatient, please contact Provider Enrollment at 877-255-3092.

For licensed physicians who are not psychiatrists, and are enrolling to provide and supervise Mental Health/Substance Abuse services according to 471 NAC Chapters 20 and 32: the primary specialty in field 7a on the MC-19 Medicaid Provider Agreement must indicate Mental Health/Substance Abuse. The primary specialty applies for the purpose of this provider agreement only. This does not imply the physician is a psychiatrist.

In addition to the completed Provider Agreement, submit the following:

- 1) The specific involvement of the supervising practitioner (physician or licensed psychologist).
  - a) Describe the supervising practitioner and therapist's role in the initial assessment of the client.
  - b) Explain how the supervising practitioner and therapist develop the initial treatment plan and how the treatment plan is updated (include timeframes).
  - c) Explain how the supervising practitioner provides assistance, guidance and direction as treatment is provided to the client.
  - d) How is the ongoing face-to-face assessment/treatment of the client by the supervising practitioner determined?
  - e) How the supervising practitioner can be accessed in an emergency, and a statement indicating that the supervising practitioner understands and agrees to this involvement.This statement must be reviewed and **signed and dated** by **all** supervising practitioners providing supervision to therapists for this provider number.
- 2) How the special needs of clients will be addressed. These special needs include, but are not limited to, clients who are aggressive, suicidal, or destructive, are physically disabled, speak another language, are deaf or hearing impaired or blind.
- 3) How the treatment program meets the following general requirements of the NMAP (Nebraska Medical Assistance Program): Community based, Family centered, Developmentally appropriate, and Culturally competent.
- 4) Copies of any promotional or informational brochures provided to the community and potential clients.
- 5) The program's personnel statements concerning non-discrimination and drug-free workplace.

Sincerely,

Margaret Van Dyke, R.N.  
Psychiatric Nurse Consultant  
Medical Services Division

If you would like to review Fee Schedules via the Internet:

<http://www.hhs.state.ne.us/med/medindex.htm>

If you would like to review our Policy you can do so via the Internet at:

<http://www.hhs.state.ne.us/reg/t471.htm>